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Bib Data Sheet

CONFIRMATION NO. 8936

<b>SERIAL NUMBER</b> 10/804,993	<b>FILING OR 371(c) DATE</b> 03/19/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 20030372.ORI
<b>APPLICANTS</b> Kurt Amplatz, North Oaks, MN; John C. Oslund, Blaine, MN; Gary A. Thill, Vadnais Heights, MN;				
<b>** CONTINUING DATA *****</b> <i>- none - MCA</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>- none - MCA</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 06/02/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Marked, Oslund</i> <i>MCA</i> Verified and Acknowledged <i>Marked, Oslund</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 15
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 23595				
<b>TITLE</b> Multi-layer braided structures for occluding vascular defects				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 3525

<b>SERIAL NUMBER</b> 10/802,435	<b>FILING OR 371(c) DATE</b> 03/16/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 5618.P4354	
<b>APPLICANTS</b> Jeong Lee, Diamond Bar, CA; Carla Rosa Pienknagura, San Francisco, CA;					
<b>** CONTINUING DATA *****</b> <i>-none- MCA</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>-none- MCA</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/04/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Mondeec. Foster</i> <i>MCA</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 39	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 08791					
<b>TITLE</b> Stent deployable at a low pressure and a stent delivery system					
<b>FILING FEE RECEIVED</b> 1112	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		